Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000182483 3)))



H170001824833ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORP Account Number: I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION HARDLAND INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE JUL 13 2017

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

A <i>RTICLE I NAME</i> The name of the corno	ration shall be: HARDLAND INC			
RTICLE II PRINCI Principal si	· · · · · · · · · · · · · · · · · · ·	Mailing	Mailing eddress, if different is:	
IIANU, FL 33186				
RTICLE III PURPO		sect any and all lawful business	s permitted under the	
iws of the United State	es of America and the laws of the State of			
	44			
·····			H _a	
RTICLE IV SHARE no number of shares of	ES of stock is: 500 SHARES AT \$1,00 PAR	VALUE		
RTICLE V INITIAL	OFFICERS AND/OR DIRECTORS			
Name and Title:	MOISES MONSANTE	Name and Title:	7.74	
Address;	8570 SW 212 STREET, SUITE 301	Address:		
	MIAMI, FLORIDA 33189		i., 5	
blome and Tiner		Nome and Titles		
Name and Tipe; Address:		Name and Title:Address:		
<u>.</u>				
**				
Name and Title:				
Address:		Addresa:		

HARDLA	ND INC		AIAI
Name a	nd Trive:	Name and Title:	
Address		Address:	
			<u>,</u>
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	le) of the registered agent Is:	
Name:	MOISES MONSANTE	·	
Address:	8570 SW 212 STREET, SUITE 301		•
	MIAMI, FLORIDA 33189		
ARTICLE VII	INCORPORATOR		
•	address of the Incorporator is:		5=
Name;	MOISES MONSANTE		manage Transition of the Control of
Address;	8670 SW 212 STREET, SUITE 301). (2) 12)
	MIAMI, FLORIDA 33189		· · · · · · · · · · · · · · · · · · ·
Effortive dom !	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ca	. (OFTIONAL) nnot be mare than five days prio	,
	ite inserted in this block does not meet the application of the Department of State		is date will not be
	med as registered agent to accept service of proceed, and familiar with and accept the appointment a		
	Required Signature/Registered Agent		07.11.17
			Dete
i submit this do document to the	cument and affirm that the facts stated frerein are a Department of State constitutes a third degree fo	true. I am aware that the false infor dony as provided for in s.817,155, F	mation submitted in a (S.
	/NOT	-	07.11.17
	Required Signature/Incorporator		Date

>